

OTTAWA

Cancer gaining on heart disease as number one killer in Canada

According to the most recent Mortality report by Statistics Canada, heart disease is still the leading cause of death in Canada, while the number of cancer deaths has been steadily rising since 1979.

In 1983, the last year for which data are available, 43 200 Canadians died from cancer, a 12.2% increase from the 38 500 cancer deaths reported in 1979.

Mortality rates remain high for lung cancer in men and breast cancer in women, but the number of lung cancer deaths among women is climbing at a much faster rate than the number of breast cancer deaths.

More than 3800 women died of breast cancer in 1983 compared with 3400 who died in 1979. Because of the popularity of cigarette smoking by women since World War II, lung cancer may soon overtake breast cancer as the leading cause of cancer death among women. In 1983, more than 2500 women died of lung cancer; in 1979 that number was approximately 1870.

Twenty-five men died of breast cancer in 1983.

Lung cancer claimed the lives of approximately 8000 men in 1983, compared with 6700 in 1979. For every 100 000 Canadians, 42 died from lung cancer in 1983 compared with 36 in 1979.

Stroke and heart disease are claiming fewer lives. The number of deaths by the latter has shown a small but steady decline every year since 1979 — from 48 500 to 47 900 in 1983.

"We've still got lots to do to find out what's behind the decline in heart disease: whether the incidence is down, whether better treatment and improved diet and exercise are responsible", said Joan Lindsay, a federal epidemiologist who worked on the Statistics Canada report.

The report also showed that more

Canadians are dying of Alzheimer's disease: a total 441 in 1983 which is a 51% increase over 1982 when 292 people died of the disease. In 1979, only 72 Canadians were reported to have died of Alzheimer's disease.

The real number may be as high as 10 000, said Vincent Gillis, executive director of the Alzheimer's Society of Canada. "Alzheimer's often does not get listed on the death certificate".

Thirteen children died from physical abuse in 1983, the report noted, an increase of three in 1 year.

The number of suicides also rose. In 1983, three times the number of men (2885) than women (870) killed themselves, but both groups exceeded figures from the previous year.

The report also noted that infant mortality is declining. Deaths by birth defects numbered 1400 in 1983, but fewer newborns are dying from congenital abnormalities, possibly due to the improved screening techniques for detecting malformations.

BRITISH COLUMBIA

Protectionism blamed for physiotherapist shortage

The protectionist policies of the Physiotherapists Association of Canada are to blame for the shortage of physiotherapists in Fort Nelson, BC, according to Tony Brummet, BC Interior Minister whose riding encompasses Fort Nelson. And, according to Brummet, these policies have the approval of Immigration Canada.

There is a critical shortage of health care workers in that area and other parts of British Columbia, particularly the northern sections of the province. Every effort is being made to fill the gaps, said Peter Goyert, president of the Association of Physiotherapists and Massage Practitioners of British Columbia.

Goyert rejected the accusations by Brummet, who is upset because Fort Nelson has been without a physiotherapist for more than 2

years despite the need, available facilities at the hospital and health ministry approval to fill the position. The community has also promised to provide a job for the spouse of any physiotherapist who moves there, the minister said.

Brummet said a similar need, which exists in his riding community of Fort St. John, also cannot be filled.

Answering the minister's accusation that the physiotherapists' group is pursuing protectionist policies "making it virtually impossible to bring in qualified physiotherapists from other countries", Goyert said that his association has, in fact, been working to bring such health professionals into British Columbia. He agreed with Brummet that there is a problem keeping them in the north once they arrive.

Goyert said the problem is not new. While there are too many physiotherapists in the Vancouver area, the northern areas have had shortages for years.

"What tends to happen is that when people come out from England or elsewhere, they sign up for a year, and they are not really aware of what they are getting into so they tend to fulfil their agreement and move back to England or to, say, Vancouver."

Another problem Goyert mentioned is that the University of British Columbia has split its physiotherapy and occupational therapy program in half. Before, the program graduated 40 students each year, with the majority choosing the former career.

"Now they are graduating 20 in each which gives us an absolute maximum of 20 graduates a year."

These factors, and not his association's policies, are causing the problems in Brummet's riding and in other places, Goyert said. He also said that the minister may be confused about how physiotherapists are licensed in British Columbia.

He discussed the two ways. One is to take a national examination after a 4-month residency and the second is to travel to British Columbia and write a local exam. The second method of licensing is not portable

across the country, Goyert said, so many physiotherapists opt to get the national licence.

"In fact the entry policy mentioned by the minister does not exist", said Goyert. "We are actively searching for people to come and fill those positions like the one they have at Fort St. John."

- One solution, he said, would be to follow the Ontario example where a bonus of \$10 000 per year is given by the government to attract physiotherapists and other health care professionals to out-of-the-way communities.

ONTARIO

Council on road trauma has far-reaching goals

Hamilton-Wentworth's council on road trauma has far-reaching goals and a variety of practical programs that are involving residents young and old alike.

Developed by Dr. Peter Knight, chairman of the council and a general surgeon in Hamilton, the council was formed in 1981 "to attack the problems of the highway", said Knight in a telephone interview. "The roads make up the number one health problem of Canadians today."

With its impaired driving committee and programs, such as driving while impaired, required emergency care and public education programs, the council acts as a forum to design and promote the decrease of motor vehicle crashes and their effects. Its goals also include the assurance of the best first aid and medical care for victims of crashes.

The impaired driving committee, whose work prompted former Ontario Attorney-General Roy McMurtry to request all regions to establish similar projects, involves school and other community groups. This committee's aim is to educate and enlighten any citizen who enters a car. At the schools, peer action groups help students learn about the hazards of the road, and resource people, such as doctors and police, go to schools to speak on subjects on which they have first-hand knowledge.

Once a week, in a different community in the region, blitz courses are held involving ambulance personnel, firemen, policemen and others who are holding public meetings or attending school assemblies. Attendants at these courses learn, among other things, the importance of sober, safe driving.

The council's driving while impaired program rehabilitates and educates people with drinking and driving problems. The required emergency care program tells the public what to do and what not to do when responding to an auto accident.

The council has also pressured the government for laws on infant restraint in cars. The restrain infants and secure kids (RISK) program even rents child car seats to people who don't have them.

"It's a truly community organization", said Knight who never tires of explaining why there is such a need for the council. Citing statistics, Knight said Ontario had 997 fatal accidents and 1138 fatalities in 1983. There were 62 956 injuries. In all, there were 187 943 reported accidents and \$389 million damage to vehicles.

What bothers Knight is that drinking and driving accidents are "completely unnecessary. We have to change our attitudes and those of our kids. Driving while impaired is our problem, not one for the police to solve".

The council, which also includes pedestrian, bicycle, motorcycle and school bus committees, is having some impact on people's everyday lives.

Province urged to legislate complete hospital liability

For the third time in as many years, an eminent Ontario Supreme Court judge has called on the provincial government to make hospitals completely responsible for the care of patients under their roofs. The reason given by Justice Douglas Carruthers is to avoid protracted litigation and in-hospital conflicts over lawsuits.

Carruthers is the latest of the

three justices to urge the provincial government to legislate complete hospital liability. He said a recent case which he had heard, involving a patient death at University Hospital in London, ON, was a good place for law reform to start.

The case occurred when a 24-year-old woman, in hospital for tests to find a surgical treatment for her epilepsy, died a month after being admitted. This case was settled out of court after the third day of a lawsuit that was launched last month. The only figure revealed to the public was the \$50 000 award to her 5-year-old son.

Veronica Taylor died a day after receiving an injection of sodium amytal, diluted in a concentrated saline solution. There was evidence that the concentration was far greater than it was supposed to have been.

The suit, filed against the London Health Association (which operates the hospital), three radiologists, two technicians and a nurse, claimed they were negligent.

Carruthers said his feelings regarding the case were strong enough to "underline the necessity for something to be done to avoid this type of [court] action having to be taken".

He said patients shouldn't be subjected to the conflicts "which really arise only because agreement cannot be reached between the various interests in the hospital as to who is ultimately responsible for that situation".

He added "It is easily overcome by litigation".

Supreme Court justices Richard Holland and Charles Dubin have said virtually the same thing in the past few years. However, Peter Woods, general manager of communications for the Ontario Hospitals Association (OHA), does not believe their opinion reflects a common view. "They are three eminent justices but they hold a minority view", he said.

Woods was also concerned about the effects on relationships within hospitals if they were to accept umbrella responsibility for patients. "If that were to happen, it would have tremendous implications for the relationship between hospitals and their medical staff and for that

between doctors and patients", he said. "Now, doctors feel personal obligation to every patient and they consider hospitals to be facilities for their practice."

Hospitals are liable for the actions of their staff, including nurses, but not for the doctors who work in them. "If they also become liable for the actions of their medical staff", said Woods, "the patient will become the hospital's instead of the doctor's responsibility. And the hospitals will likely exert extreme control over physicians and closely scrutinize their practices."

Woods said the OHA hasn't developed a formal response to the statements by Carruthers and the other justices and that he was telling *CMAJ* his own opinion. He added that he doesn't expect doctors or hospitals to support legislation that would result in such drastic changes in their relationships with patients and in the standards for care.

UNITED STATES

Blood test to screen for AIDS virus licensed

The US Food and Drug Administration (FDA) has licensed Abbott Laboratories to produce and distribute a new blood test to screen for acquired immunodeficiency syndrome (AIDS).

The test, to be distributed to ap-

proximately 2300 blood banks and laboratories, is to be used on potential blood donors to detect the presence of antibodies to the HTLV-III virus, suspected of causing AIDS. Such detection would preclude the donor from giving blood.

In announcing approval of the test, Margaret Heckler, secretary of Health and Human Services (HHS), said that a positive result does not mean that the person having the test has AIDS. It simply reveals the presence of antibodies to the suspect virus in the blood.

Not everyone who is infected with the virus will have antibodies, and not all people with the antibodies will develop AIDS, said a public health service statement released at the same time.

Commissioner of the FDA, Dr. Frank Young, said that blood banks and laboratories administering the test should use other laboratory techniques to confirm the results before notifying the potential donors of their findings.

HHS has reported that 113 cases of AIDS linked to blood transfusions have been reported so far in the United States. The Centers for Disease Control, in Atlanta, GA, recorded approximately 8500 cases of AIDS up to the end of February.

The new testing procedure is expected to relieve some of the pressure on blood collection agencies which have seen many of their blood supplies dry up as a result of publicity linking AIDS to blood donors.

FDA reprimands "Phoenix heart" surgeon

The US Food and Drug Administration (FDA) has reprimanded the University of Arizona medical center, in Tucson, for implanting the "Phoenix heart" in patient Thomas Creighton without the FDA's approval of the device.

Creighton was kept alive 11 hours on this device after his body rejected a human heart transplant. He died 35 hours after a second human heart was transplanted.

The reprimand, which was issued by John C. Villforth, head of FDA's medical devices division said: "... if you anticipate implanting artificial hearts in patients in the future", the FDA would like to be consulted.

In the meantime, Dr. Jack Copeland, who performed the implant, told the American College of Cardiology at its annual meeting in Anaheim, CA, that government should increase the availability and legal use of devices that can keep dying patients alive.

Copeland said the medical community must try to convince the FDA that artificial devices have been proven effective as temporary lifesaving devices. He wants to see heart transplant programs coordinated with development of artificial heart devices and animal heart transplant efforts into a comprehensive program.

In the next *CMAJ*

High tech births: who's in control?

Reproductive technology is a veritable minefield for the medical and legal professions. Each year, as our knowledge of how to promote fertility expands, our comprehension of the ethical issues is left further behind.

Contributing Editor Charlotte Gray reports on a conference that explored some of the moral and legal dilemmas of high technology births.

Patterns of preventive practice in New Brunswick

Dr. Ronaldo N. Battista and his associates conducted a survey of primary care physicians in New Brunswick to determine their patterns of preventive practice with respect to cancer of the breast, the colon and rectum, the cervix and the lung. They report the findings of the study and, to broaden the generalizability of the results, compare them with those of an earlier study of physicians in Quebec.